

## CALIFORNIA DEPARTMENT OF FORESTRY AND FIRE PROTECTION OFFICE OF THE STATE FIRE MARSHAL FIRE ENGINEERING DIVISION

## AUTOMATIC EXTINGUISHING SYSTEMS PROGRAM APPRENTICE/TRAINEE REGISTRATION APPLICATION

SECTION I: CHECK APPLICABLE BOX				
<u>\$150.00</u>	Apprentice Registration			
\$150.00	Trainee Registration			
SECTION II:	GENERAL INFORMATION			
<u>Name:</u>				
<u>Address:</u>				
<u>City:</u>		<u>State:</u>	<u>Zip:</u>	
<u>Telephone:</u>		Drivers' License Number:		
<u> Hair:</u>	<u>Eyes:</u> <u>Height:</u>	<u>Weight:</u>	<u> DOB:</u>	
Email Address	<u> </u>			
Have you taken the examination within the past 15 days? No Yes Date:				
SECTION III: EMPLOYER INFORMATION				
<u>Name:</u>				
Address:				
<u>City:</u>		State:	<u>Zip:</u>	
<u>Telephone:</u>		CSLB License Number:		
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SECTION IV: SUBMISSION				

<u>The Office of the State Fire Marshal (OSFM) only accepts checks and money orders as method of payment.</u>

<u>Please make check/money order payable to "CAL FIRE</u>

<u>#OSFM" and mail along with a completed application and supporting documentation to:</u>

CAL FIRE →Office of the State Fire Marshal
Cashiers Unit / AES Program
P.O. Box 997446
Sacramento, CA 95899-7446

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SECTION V: PERJURY STATEMENT

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l, information on this application will be groun	understand that faise s nds for denial of the Reg	statements or misrepresentation of any gistration for which I am applying.	
I hereby release the Office of the State Fire providing the information included in this ap			
I certify (or declare) under penalty of perjur true and correct.	y under the laws of the	State of California that the foregoing is	
Printed Name:		<u> </u>	
<u>Signature:</u>		<u> Date:</u>	
Subscribed and sworn before me the	day of the month of	the calendar year	
Signature of Notary Public		Printed Name of Notary Public	
		<u>.                                      </u>	
Complete address and contact information of N	Notary Public:		
SEAL OF THE NOTARY PUBLIC			